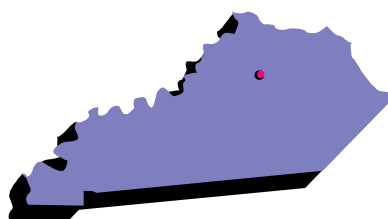




# KENTUCKY COUNCIL ON DEVELOPMENTAL DISABILITIES



## CONSUMER INVOLVEMENT FUND



## What is the Consumer Involvement Fund?

The Kentucky Developmental Disabilities Council has a limited pool of funds we make available as financial assistance for advocates in the developmental disabilities field to participate in conferences and short-term educational programs. The Council provides this support as a method of capacity building for Kentucky.

Through participation in regional and national conferences, Kentucky advocates can share information about local initiatives, and learn from their counterparts in other communities. We believe this exchange helps us grow and work smarter on behalf of persons with developmental disabilities.

If you attend a conference or educational program with Council support, we expect two things in return. First, that you'll provide a report to the Council describing what you've learned and shared during the program, and how the information applies to meeting the needs of individual with disabilities in Kentucky. Second, that you'll be a resource person to whom we can refer other citizens who contact the Council seeking information about the topic of the program you attended.

You may apply for assistance to attend conferences or educational programs or advocacy by making a written request. Include the conference brochure, dates, and location, along with the amount you are paying and the amount of your request. Enclose a copy of the conference brochure. Council travel policy complies with Kentucky State Travel Regulations.

If you need assistance developing a request, or if you would like further information, please call us at 502-564-7842 or toll free at 877-FOR-KDDC.



## Who Can Apply to the Consumer Involvement Fund?

The Consumer Involvement Fund is designed to assist persons with disabilities, their family members, and their guardians.

In order to receive money from the Consumer Involvement Fund, an applicant must be:

- A person with a disability;
- An immediate family member of a person with a disability (parent, sibling or child); or
- The guardian for a person with a disability.

## Consumer Involvement Fund Travel Policy

**ALL TRAVEL REQUESTS MUST BE MADE IN WRITING TO THE COUNCIL.** You must submit the following:

- **COVER LETTER:** Explain to the Council why you want to attend the particular event, how you think it will be beneficial to you, and how you will use the information in the future;
- **CONFERENCE BROCHURE:** This brochure should contain the sponsor's name, the dates and times of the conference, the designated hotel (listing the room rate and hotel's phone number) and any conference registration fees. If there is not an official brochure, or if all information is not included on the brochure, call the Council staff and they will work with you to get the pertinent information.
- **APPLICATION FORM:** Complete the Consumer Involvement Fund application.
- **BUDGET SHEET:** Complete the budget sheet on page 4. If you are traveling with another individual and sharing cost, request only your portion of the cost.

**THE COUNCIL'S CONSUMER INVOLVEMENT FUND COMMITTEE APPROVES ALL REQUESTS FOR TRAVEL.** All approved requests are referred to the Council staff for processing. This involves making hotel and conference reservations, getting necessary state approvals and forwarding to the Cabinet for Health Services travel section for payment.

**REQUESTS WHICH INCLUDE AIR TRAVEL OR OUT-OF-STATE TRAVEL MUST BE SUBMITTED AT LEAST EIGHT (8) WEEKS AHEAD OF REQUESTED TRAVEL DATES.** Due to high air travel rates the Council will reimburse for a 21-day advance ticket only. Obviously, there is some room for exception but, generally, conferences are publicized well enough in advance that the Council should never have to pay a premium price for airline tickets. The Council will take the expense of the flight into consideration before approval of travel request. State approval for out-of-state travel is a lengthy process, so plan ahead.

**ALONG WITH THESE REQUIREMENTS THERE ARE SOME VERY IMPORTANT POLICIES WITH WHICH THE COUNCIL AND THE TRAVELER MUST ABIDE:**

- The Council will consider travel request per year, not to exceed \$500. Personal Care Attendant and Respite is excluded and separates from total amount. Funds will be obligated at the annual meeting and will be allocated quarterly.
  - No Council Member can apply for the Consumer Involvement Fund.
1. You must pay all expenses you encounter up-front. This includes registration, airline ticket airport parking, local transportation, hotel accommodations, meals and respite or attendant care. If you are not able to provide these up-front costs, you may look for a third party to whom you can assign your travel claim, but this requires much preparation, so plan accordingly. The Council cannot be direct billed for any Consumer Involvement Fund costs.

- If there is a designated hotel, you must stay in that hotel. If the designated hotel is booked, call the Council staff and we'll help to arrange an acceptable substitution. Do not simply stay in another hotel. We must have confirmation from the conference sponsors that this is an acceptable substitution or we will not be able to pay your claim. If there is not a designated hotel, there are certain rules regarding how much the state will reimburse your overnight accommodations. This varies city to city, so we will have to take these on a case-by-case basis. If you are sharing a room, the Council will split the room cost equally among the number of occupants.
- Per diem costs are calculated on a daily basis. In-state and out-of-state per diem will be reimbursed as follows: Breakfast \$7.00, Lunch \$8.00, Dinner \$15.00 for standard rate areas, and high rate areas will be reimbursed at \$8.00, \$9.00, and \$19.00 respectively. Deductions will be made for conference-sponsored meals (except continental breakfast) whether you eat them or not. If meals provided at the conference are an additional fee, you can choose whether or not to "participate" in that meal plan.
- Upon your return, the Council staff will send travel reimbursement forms for your signature. You will be asked to return the signed travel form with proof of registration, copies of hotel receipt showing a zero balance due, airplane ticket stubs, and all receipts for local transportation or parking costs. All claims for payment must be made within 60 days of end date of the conference. Failure to provide request within the 60 days will result in forfeiting of reimbursement claim to KDDC.
- You will also be sent an outcome form along with your travel reimbursement form. You must complete this form and return to the Council along with your travel reimbursement form in order to receive payment. The outcome form will ask questions such as: How was conference training beneficial and what did you do or plan to do as a result of the training in the area of advocacy in the future? Failure to provide full response will result in the being banned from further allocation.
- Upon receipt, staff will date all requests and they will be considered in order of date received. In the event that a large number of persons apply for a single conference, the travel coordinator will work with all applicants to determine a way to sponsor as many people as possible by assigning roommates to reduce hotel costs, or applicants could carpool to an event to reduce mileage costs.
- Application for multiple members of a family will be considered as a special request. All family members must demonstrate a legitimate reason for attending the conference (e.g., an assistive technology conference at which a child too young to travel alone would be able to test individual pieces of equipment). Attendance of multiple family members may preclude other parties from the Council stipend, so please plan carefully.
- It is the intent of the Council to fund partial costs of all necessary expenses related to attending a conference or meeting. In other words, the Council requires that persons wishing to receive a Council stipend for travel secure partial funding from other sources such as other state agencies, private foundations, public and private service agencies, an employer, or his or her own funds.
- Once approval for funds it is your responsibility to notify the Council should you choose not to utilize the funds. This must be done in a timely manner. Failure to provide notification to the Council could result in further denial to access to the Council Member fund.

**CONSUMER INVOLVEMENT FUND BUDGET SHEET**

NAME:		DATE OF CONFERENCE:		
CONFERENCE TITLE:				
	<b>Total Proposed Budget (include all items needed)</b>	<b>Other Sources of Funding (who else and how much)</b>	<b>TOTAL \$ AMOUNT Requested from KDDC</b>	<b>KDDC USE ONLY</b>
Registration:	\$	\$	\$	
Transportation:				
Airfare				
Auto (\$.30 per mile)				
Ground Transportation: (to and from airport)				
Hotel Accommodations: Single ____ Double ____ Sharing ____ Rate \$ ____ How Many Nights: ____				
Meals: B ____ B ____ B ____ L ____ L ____ L ____ D ____ D ____ D ____				
Attendant Care/Respite  Rate \$ ____ Total Hours ____				
Other				
<b>TOTALS</b>				

If you need assistance to complete this form, please call 1-877-FOR-KDDC.

Total amount requested from KDDC: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: A copy of the official conference brochure, including registration materials, must be attached.**

## CONSUMER INVOLVEMENT FUND Application Form

Name\_\_\_\_\_Date\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Phone\_\_\_\_\_ Social Security #\_\_\_\_\_

Fax\_\_\_\_\_ E-mail \_\_\_\_\_

Check one:    ☐ I am a person with a disability;  
                  ☐ I am an immediate family member of a person with a disability;  
                  ☐ I am the guardian of a person with a disability.

Age of person with disability\_\_\_\_\_

Title of program/conference you are seeking funds to attend: \_\_\_\_\_

\_\_\_\_\_ Dates \_\_\_\_\_ Location\_\_\_\_\_

**Complete the Application Form and Budget Sheet and submit along with your cover letter and a conference brochure with registration materials to: Wilma Cox, Travel Coordinator, Kentucky Developmental Disabilities Council, 100 Fair Oaks Lane, 4EF, Frankfort, KY 40621-0001, (877) FOR-KDDC or (502) 564-7842 e-mail: [wilma.cox@mail.state.ky.us](mailto:wilma.cox@mail.state.ky.us).**

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